

**Texas Department of Health
Public Health Region 1**

Preparedness Planning Review

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ProtectTexas™
Texas Department of Health

**Public Health Region 1
1109 Kemper
Lubbock, TX 79403**

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Regional SNS Program to be Evaluated

The Centers for Disease Control (CDC) will be visiting Public Health Region 1 on February 23, 2004 to evaluate the region's Strategic National Stockpile (SNS) program.

CDC will be evaluating the following categories:

- ◇ State/Local SNS Management Structure
- ◇ SNS logistics
- ◇ Repacking
- ◇ Distribution
- ◇ Dispensing
- ◇ Treatment Center Co-

- ordination
- ◇ Communication and Security
- ◇ Training, Exercising & Evaluating



- ◇ Confirmation that Plans translate into Preparation
- The overall preparatory ratings that CDC will be

using will be:

Key

- ◇ G = **Green** Status—All components and systems are in place everywhere and fully ready to perform.
- ◇ A = **Amber** Status—Components or systems are not in place everywhere, but good progress is being made.
- ◇ R = **Red** Status—Key components and/or systems are missing

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Region 1 Overview Concerning Public Health Preparedness

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Out Our Website

<http://www.r01.tdh.state.tx.us>
or call us at
806-744-3577

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Meetings and more meetings, constant flow of emails, telephone calls, short suspenses, planning, keeping superiors informed, one-on-one discussions, preparing job descriptions, personnel audits, budget reviews and amendments, contracts and more contracts. It seems like a never ending stream of tasks to perform in the public health preparedness line of work. Despite the heavy workload, we are seeing progress and a clearer vision

of the finish line.

RSVP, an adjunct to our disease surveillance system for the region continues to expand. To date, we have a network consisting of 23 rural hospitals, with training completed and daily entry of data being monitored. This initiative alone provides tremendous security to our region by providing an early warning system



DeWoody

of a potential disease outbreak. We are proceeding further to expand the data entry sites by working with independent school districts and school nurses.

Virtually every school district has signed a Memorandum of Understanding with TDH to provide their facilities, equipment and supplies in an emergency situation. We plan to provide schools access to our surveillance system, not

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Pertussis (Whooping Cough)

Public Health Region 1 (PHR 1) experienced a Pertussis outbreak during the months of June to October 2003. Sixty-seven (67) Pertussis cases were confirmed in the Region, which is eight (8) times the number of cases reported in the previous three years. Pertussis cases were reported in Carson, Crosby, Dallam, Hale, Hemphill, Hutchinson, Lamb, Lubbock, Potter, Randall, and Swisher Counties.

A press release, "Whooping Cough (Pertussis) Alert" was distributed to the media in PHR 1 on August 18, 2003. On August 18, 2003, a Pertussis Information letter was emailed and/or faxed to physicians and Health Care Providers in PHR 1. Pertussis information letters to schools, to parents or guardians, and fact sheets in English and Spanish were distributed to all independent school districts in PHR 1 with the assistance of Region 16 & 17 Education Service Centers. Pertussis information was placed on the PHR 1 web site (<http://www.r01.tdh.state.tx.us>) and was linked to the TDH Immunization-Austin web-site where current Pertussis information could also be obtained for all counties in Texas.

Pertussis is caused by bacteria infecting the mouth, nose, and throat. It is spread through the air by cough. Pertussis is usually mild in older children and adults, but often causes serious problems in babies under 1 year of age. Pertussis symptoms appear five to twenty-one days after exposure. Usually only close contacts of students with pertussis are at risk of infection. Pertussis begins with cold-like symptoms (sneezing and

runny nose) and a cough that gradually becomes worse. After one to two weeks, the cough usually occurs in strong "coughing fits." In young children, this is often followed by a whooping noise as they try to catch their breath. After coughing, a person may have difficulty catching their breath, vomit, or become blue in the face from lack of air. Some babies have only apnea (failure to breathe). Between coughing spells, the person may appear well. There is generally no fever. The cough is often worse at night and cough medicines usually do not help reduce the coughing. Coughing fits can last six weeks or longer. Adults, teens, and vaccinated children often have milder symptoms similar to bronchitis or asthma. Although pertussis vaccine is available, it cannot be given after seven years of age. Vaccine protection begins to fade in older children and adults.



Texas Department of Health recommendations:

- ◇ If your child comes down with cold symptoms that include a cough, talk to your child's doctor. Tell the doctor that pertussis has been reported in the area. Report possible pertussis infections to the school nurse or health department.
- ◇ Babies under one year of age are most likely to have severe illness. When possible, babies should be kept away from people with a cough. *Any baby with a coughing illness should be seen by their doctor as soon*

as possible.

- ◇ If you have children less than 7 years of age who have not been completely vaccinated for pertussis (particularly babies under one year of age), talk to your child's doctor about the benefits of vaccination.

Hepatitis A (HAV)

Hepatitis A cases occurred in Bailey County during the months of November and December.

HAV is a virus that causes acute inflammation of the liver. HAV infection results in lifelong immunity to further infections. HAV does not lead to chronic disease. Per the CDC, 33% of American citizens have been infected with HAV.

The risk factors for HAV infection are:

- ◇ Foreign travel. HAV is associated with contaminated food and water supplies.
- ◇ Household contact with an infected person.
- ◇ Living in an area with an HAV outbreak.
- ◇ Anal-oral sex with an infected person.
- ◇ IV drug use.

HAV is transmitted by the fecal/oral route by ingestion of fecal contaminated food and water, or through close personal contact with an infected person. In water, HAV can remain infectious for up to 10 months. For this reason all shellfish should be thoroughly cooked.

Symptoms of HAV vary from no symptoms to light stools, dark urine, fatigue, fever and jaundice. Symptoms usually last less than two (2) months. A blood test is

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New Communication Tool will be Available in Spring 2004

Communication is critical in any emergency response, and an act of terrorism has the potential to deteriorate today's main sources of communication by either crowding and over-extending existing communication capabilities beyond their predetermined and designated limits, or information initially given to either public or private citizens will be lost or fragmented in transit, thereby possibly providing misinformation.



The CityWatch® system is designed

to contact multiple persons simultaneously using a variety of methods including telephone, e-mail, and fax. Other features include an inbound Community Message Center, which enables someone to call into the system for specific pre-recorded information. Currently, the system will only be used to contact Texas Department of Health (TDH) personnel and volunteers for the regional Strategic National Stockpile program. CityWatch® is expected to be up and running by the end of Spring 2004.

CityWatch® will allow TDH to maintain more accurate and uniform data for its users. This is conducted through the survey feature in which the system calls a pre-specified list

of participants to verify that their contact information is correct.

Also, the information sent out using the CityWatch® system will be more detailed. Unlike the media, whose sole purpose is to deliver information to all persons, CityWatch® will deliver specific information to a pre-determined target audience.

Additional information can be found at the CityWatch® web site: www.citywatch.com or by contacting Matt Harper at 806-767-0456 or e-mail: matt.harper@tdh.state.tx.us.



Acting Deputy Regional Director Appointed

Effective December 15, 2003 Jon Huss, Deputy Regional Director, resigned from Texas Department of Health (TDH) and joined the Health and Human Services Commission in Austin, TX. Effective on

the same date Barry Wilson, Regional Epidemiologist was appointed Acting Deputy Regional Director for Public Health Region 1 (PHR 1).



Wilson

Since January 1, 2000, Barry has served as the Regional Manager for Disease Control and Preven-

tion Programs and responsible for managing the activities of several programs that include HIV/STD, Immunization, TB Elimination, Epidemiology and Surveillance, and the Epidemiology Response Team. He also serves as regional epidemiologist.

Barry has a BS degree in Social

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New Nurse Joins Epidemiology Response Team

The Epidemiology Response Team (ERT) and the Epidemiology Program welcomed Rebecca Smallwood effective January 5, 2004.

Rebecca filled the Nurse II position on the ERT. She has over 15 years nursing experience, with 11 of those as a school nurse. Her experience as a



Smallwood

school nurse will be beneficial because schools play an important role in our region's Public Health Preparedness efforts.

Rebecca's duties as part of the Team include meeting with county officials in the region to discuss public health preparedness, assessing existing local resources for responding to emergencies involving public health issues, gathering information for preparedness planning to develop educational

programs or resources for those involved in health care and working on the smallpox immunization plan.

Rebecca attended nursing school at Methodist Hospital School of Nursing. She is married and has two children.

Rebecca can be contacted at 806-767-0406 or email: rebecca.smallwood@tdh.state.tx.us.

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available. Check with your physician if you suspect that you may have hepatitis of any form. HAV infection can be prevented by:

- ◇ Vaccination with (2) doses of vaccine to any uninfected individuals over 2 years old.
- ◇ Effective hand washing technique. **Wash hands after going to the toilet.** Clean surfaces contaminated with feces.
- ◇ Exercise caution when traveling to foreign countries.
- ◇ Drink only safe water (i.e. water that is canned, boiled, or bottled). Avoid beverages made with ice. Boiling is the most effective method to ensure safe water, at high altitudes boil vigorously for a few minutes, then allow it to cool; do not add ice. Chemical disinfections can be accomplished through the use of either iodine or chlorine, iodine is the most effective disinfectant.
- ◇ Eat only safe food (i.e. food that is thoroughly cooked and prepared. Avoid uncooked shellfish, and uncooked fruit/vegetables not peeled or prepared by yourself.



Prevention through vaccination is the

(Continued from page 3) Acting Deputy

Psychology from Park University in Parkville, MO. He also has received many hours of training in Epidemiology at the Centers for Disease Control in Atlanta, GA and has taken epidemiology courses through the University of Texas School of Public Health in Houston, TX.

Barry can be contacted at 806-767-0479 or email: barry.wilson@tdh.state.tx.us.

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only to better inform them of potential disease outbreaks but to receive daily data concerning school absenteeism and known symptoms. We are considering the purchase of additional computers for those schools who need them in order to participate. A surveillance network comprised of all school districts and hospitals would be ideal.

Strategic National Stockpile preparations are addressed in another article of the bulletin, but I wanted to provide a brief update in this article also. We now have five dedicated personnel working with the counties and districts to identify facilities for distribution and dispensing, recruitment of volunteers, identification of leaders, etc. Also, we have received budget approval to hire two additional staff members for this purpose and expect to have them on staff by the end of February. It is a monumental task in itself to recruit, and eventually

train, the hundreds of volunteers that are needed throughout this region. That's the main reason behind our work with County Emergency Management Coordinators and school nurses – we need local leaders to set up meetings, maintain facilities, etc. I am convinced that our strategy is sound and realistic.

I greatly appreciate our other partners in this region, i.e. local health departments, MMRS cities, law enforcement, emergency management personnel, our councils of government, etc., who are diligently working to complete the mission. We will continue to collaborate, share ideas and resources and celebrate our success stories.

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everywhere or in the most vital localities.

- ◇ -+ = Between **Green & Amber** or **Amber & Red**, shading to one or the other, e.g., G- vs. A+
- ◇ U = uncertain—Information currently is inadequate to make an educated status determination.

Ratings

- ◇ G = All components in all places, including critical components, are workable & confirmed ready to perform
- ◇ -+ = all components, including critical components, are on pace and filling gaps is just a matter of time
- ◇ A = Not all components and systems exist in every place or are yet confirmed, but reasonable progress is being made, especially toward having solid plans and preparations for the components

- ◇ -+ = In too many places, serious gaps remain in the confirmation process to translate plans into serious preparation
- ◇ R = The confirmation process has not even begun anywhere for most (if not all) basic pieces in most areas

Claudia McQueen, SNS Coordinator, stated that the region is in very good shape and is hoping for an Amber + rating.

In other SNS news, the regional SNS team began visiting county Emergency Management Coordinators (EMC), who will play a very important role in recruiting volunteers for the dispensing sites.



McQueen

Claudia McQueen can be contacted at 806-767-0408 or email: claudia.mcqueen@tdh.state.tx.us.